

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825870

Entity Name: KEWAUNEE SCIENTIFIC CORPORATION**Current Principal Place of Business:**2700 W FRONT ST
STATESVILLE, NC 28677**Current Mailing Address:**PO BOX 1842
STATESVILLE, NC 28687 US**FEI Number:** 38-0715562**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DCEO
Name SHUMAKER, WILLIAM A
Address 2700 W. FRONT ST.
City-State-Zip: STATESVILLE NC 28677

Title CFO
Name PARKER, D. M
Address 2700 WEST FRONT ST.
City-State-Zip: STATESVILLE NC 28677

Title VP
Name DAHLGREN, DANA L
Address 2700 W. FRONT ST.
City-State-Zip: STATESVILLE NC 28677

Title VP
Name RINDOKS, KURT P
Address 2700 W FRONT ST
City-State-Zip: STATESVILLE NC 28677

Title VP
Name PHILLIPS, ELIZABETH D
Address 2700 W. FRONT ST.
City-State-Zip: STATESVILLE NC 28677

Title PRESIDENT/COO
Name RAUSCH, DAVID M.
Address 2700 WEST FRONT STREET
City-State-Zip: STATESVILLE NC 28677

Title VICE PRESIDENT
Name BLACK, KARL B
Address 2700 WEST FRONT STREET
City-State-Zip: STATESVILLE NC 28677

Title VICE PRESIDENT
Name SMITH, KEITH D
Address 2700 WEST FRONT STREET
City-State-Zip: STATESVILLE NC 28677

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: D.MICHAEL PARKER**CFO****04/03/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CAMPBELL, JOHN C JR
Address 600 STEAMBOAT COURT
City-State-Zip: ARLINGTON TX 76006

Title DIRECTOR
Name MCCANLESS, ROSS W.
Address 120 EAST COUNCIL ST.
SUITE #600
City-State-Zip: SALISBURY NC 28144

Title DIRECTOR
Name RUSSELL, JOHN D.
Address 2331 MOHAWK LANE
City-State-Zip: GLENVIEW IL 60026

Title DIRECTOR
Name PYLE, MARGARET B
Address 4806 BATZ ROAD
City-State-Zip: WESTPORT WI 53597

Title DIRECTOR
Name RHIND, DAVID S.
Address 10 SOUTH WACKER DRIVE
SUITE #2600
City-State-Zip: CHICAGO IL 60606